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United States General Accounting Office
Washington, DC 20548

November 5, 2002

The Honorable Steve Buyer
Chairman, Subcommittee on Oversight and Investigations
Committee on Veterans' Affairs
House of Representatives

Subject: *Veterans Affairs: Subcommittee Post-Hearing Questions Concerning the Department's Information Technology Management*

This letter responds to your October 10, 2002, request that we provide answers to questions relating to our testimony of September 26, 2002.¹ At that hearing, we discussed the Department of Veterans Affairs' (VA) progress in improving its overall management of information technology, including the centralization of information technology functions, programs, and funding under the department-level chief information officer (CIO). We also discussed the department's progress since last March in developing an enterprise architecture, improving information security, and managing important information systems initiatives being pursued by the Veterans Benefits Administration (VBA) and the Veterans Health Administration (VHA). Your questions, along with our responses, follow.

- 1. On page 19, the GAO testimony stated that VA must also still develop a program management plan to delineate how it will develop, use, and maintain the enterprise architecture. GAO stated that such a plan is integral to providing definitive guidance for effective management of the enterprise architecture program. According to Dr. Gauss, VA has developed and will implement version 1.0 of the One-VA Enterprise Architecture, which establishes ten enterprise business functions and seven key enabling functions. Does GAO agree that these business and enabling functions provide the management tools necessary to start the process for implementing VA's enterprise architecture?*

The Federal CIO Council's guidance on enterprise architecture² advises organizations to develop a set of controls to help them successfully manage the process of creating, changing, and using an enterprise architecture. These controls are intended to promote sound management of the enterprise architecture project through the use of plans, products, and requirements, including the program management plan that we referred to in our testimony. In particular, a program management plan would articulate critical factors guiding work on the architecture, including a work breakdown structure detailing the tasks and subtasks

¹U.S. General Accounting Office, *VA Information Technology: Management Making Important Progress in Addressing Key Challenges*, GAO-02-1054T (Washington, D.C.: Sept. 26, 2002).

²Chief Information Officer Council, *A Practical Guide to Federal Enterprise Architecture*, Version 1.0 (Washington, D.C.: February 2001).

necessary to acquire, develop, and maintain the architecture; resource estimates for funding, staffing, training, workspace requirements, and equipment needs; and a roadmap for the initiation and completion of key project tasks. As our testimony noted, VA lacked such a management plan to support its enterprise architecture effort.

While the enterprise business functions and key enabling functions are essential components of the architecture that VA is developing, they cannot be considered a primary tool for managing the enterprise architecture effort. Rather, these business and enabling functions are the products of VA's efforts to develop the baseline, or "as-is," and identify the target, or "to-be," components of its enterprise architecture. Specifically, enterprise business functions are externally focused functions involving direct interactions with veterans across the enterprise, such as providing medical care benefits, vocational rehabilitation, and employment benefits. Key enabling functions are those necessary to support the enterprise business functions, such as eligibility and registration, and enable smooth operation of the overall enterprise both internally and externally.

As the CIO Council's guidance notes, one of the initial steps in developing an enterprise architecture is describing the enterprise as it currently exists, including business functions and information flows. By identifying the business and enabling functions, VA has set the stage for moving toward and measuring progress against its target architecture. Nonetheless, while these functions represent an important accomplishment in VA's development of its enterprise architecture, they do not satisfy the department's need for a program management plan to help provide a sound foundation for managing the development, implementation, and use of the architecture.

2. *Concerning VETSNET, GAO testified that "after six years the VA still has significant work to accomplish, and could be several years from fully implementing the system." In GAO's opinion, how have veterans benefited from this program, considering the significant capital that has been dedicated to this program?*

Although VBA has spent more than \$40 million on developing the VETSNET compensation and pension replacement system since 1996, veterans have not yet received measurable benefits from this initiative. At the time of our testimony, VBA was using its new software products to deliver benefits payments to only 9 of the more than 3 million compensation and pension benefits recipients on its rolls.³ Benefits payments to all other recipients continued to be made via the department's aging Benefits Delivery Network. Moreover, subsequent to our testimony, VBA officials told us that at the beginning of this month they intended to convert the processing of the nine benefits payments being made with the new software to the Benefits Delivery Network. An official explained that the February 2001 pilot test using the new VETSNET software had in essence been a proof of concept exercise to demonstrate

³As part of a pilot test in February 2001, VBA began processing ten original benefits claims using its new software. However, according to VBA, one of the ten veterans subsequently moved outside of the area covered by the pilot test and now receives his payments via the Benefits Delivery Network.

that the software could deliver benefits payments. He stated that this exercise has now been completed.

VBA still has numerous tasks to accomplish before its software applications comprising the compensation and pension replacement system can be fully implemented and capitalized upon. As our testimony noted, all but one of the six software applications constituting the new system⁴ still need to be fully deployed or developed. Specifically, two applications—Share, which is used to establish a claim, and Modern Award Processing-Development, which is used to help develop a claim—still need to be implemented in the majority of VBA's 57 regional offices.⁵ In addition, three applications continue to require development and, according to VBA officials, are not expected to be fully deployed until December 2004. At that time, Award Processing will be expected to record award decisions; generate, authorize, and validate on-line awards; and interface with a correspondence application to develop notification letters to veterans. The Finance and Accounting System will be expected to perform accounting and benefits payments functions and interface with the Department of the Treasury.

Beyond these applications that VBA must still deploy and/or develop, it faces the more immediate task of ensuring that the one application already deployed—Rating Board Automation 2000—is utilized to its full potential. When implemented in November 2000, this application was expected to assist veterans service representatives in rating benefits claims. However, according to a VBA official, some regional offices indicated that rather than improve service delivery, use of the software tool actually resulted in longer processing times. Given the department's backlog of compensation and pension benefits claims, the undersecretary for benefits subsequently suspended the requirement for regional offices to use the software until its backlog had been reduced. At the time of our testimony, VBA did not plan to require its regional offices to fully utilize this software until July 2003.

3. *Since VA has been given the lead in making the renamed Federal Health Information Exchange (FHIE) a reality, what must be done to assure successful implementation?*

Successful implementation of FHIE will largely depend on the extent to which consistent and effective project management and oversight exists to guide the initiative. In April 2001,⁶ we recommended that the participating agencies—VA, the Department of Defense (DOD), and

⁴The six software applications constituting the replacement system are Share, Modern Award Processing–Development, Rating Board Automation 2000, Award Processing, Finance and Accounting System, and Correspondence.

⁵Among the 57 regional offices that are expected to benefit from the replacement system, only 6 currently use Share to establish a claim; only 2 offices (Salt Lake and Little Rock) have pilot-tested and currently use Modern Award Processing–Development to assist in developing most compensation claims.

⁶U.S. General Accounting Office, *Computer-Based Patient Records: Better Planning and Oversight by VA, DOD, and IHS Would Enhance Data Sharing*, GAO-01-459 (Washington, D.C.: Apr. 30, 2001).

the Indian Health Service—take various actions to strengthen the management and oversight of the government computer-based patient record (GCPR) project (the predecessor strategy). These steps included (1) designating a lead entity with final decision-making authority and (2) creating comprehensive and coordinated plans that included an agreed-upon mission and clear goals, objectives, and performance measures to ensure that the agencies could share comprehensive, meaningful, accurate, and secure patient health care data. We reiterated the need for VA to implement these recommendations in our June 2002 report,⁷ and also made additional recommendations that the participating agencies (1) revisit the original goals and objectives of the GCPR initiative to determine if they remained valid and, where necessary, revise the goals and objectives to be aligned with the current strategy and direction of the project; and (2) commit the executive support necessary for adequately managing the project and ensure that sound project management principles are followed in carrying out the initiative. VA concurred with these recommendations.

The actions that VA and DOD took in response to the recommendations resulted in a revised strategy whereby patient data would be exchanged and a common health information infrastructure and architecture comprised of standardized data, communications, security, and high-performance health information systems would be developed. VA and DOD intend to accomplish this with two initiatives. The first, FHIE, is focused on DOD providing information to VA clinicians. A second initiative, referred to as HealthPeople (Federal), is intended to allow the two-way exchange of clinical information, with an emphasis on establishing a common health information infrastructure and architecture. VA and DOD have stated that they plan to complete this initiative by the end of 2005.

Along with designating VA as the lead agency for FHIE, VA and DOD took actions to improve project management that should continue to help guide this initiative to a successful outcome. For example,

- goals and objectives have been revised and aligned with the new FHIE strategy;
- a permanent project manager has been assigned to the initiative, and he is using project management software to facilitate the monitoring of assigned tasks;
- executive-level reviews are being conducted for systems development and deployment approval;
- weekly testing and technical meetings are being held; and
- monthly interagency in-process reviews are being conducted by VA's Deputy CIO for Health and DOD's CIO for Military Health Systems.

VA and DOD officials reported that the nationwide deployment and implementation of the first phase of FHIE was successfully completed in July. The first phase has enabled the one-way transfer of demographic information,⁸ laboratory results, outpatient pharmacy data, and

⁷U.S. General Accounting Office, *Veterans Affairs: Sustained Management Attention Is Key to Achieving Information Technology Results*, GAO-02-703 (Washington, D.C.: June 12, 2002).

⁸The demographic information consists of patient name, DOD eligibility category, Social Security number, address, date of birth, religion, primary language, sex, race, and marital status.

radiology reports for separated service members from DOD's Military Health System Composite Health Care System to VA's FHIE repository. Clinicians throughout VHA now have access to over 14 million lab messages, almost 14 million pharmacy messages, and over 2 million radiology messages on over 1 million service personnel who separated between 1987 and 2001.

A second, final phase of FHIE began in October and is intended to make additional health information—in-patient histories, diagnoses, and procedures; allergy information; admission, disposition, and transfer information; and consult results—available to VA clinicians. This phase will rely on the existing technology supporting phase 1, and thus will only involve adding data to the existing repository. Completion of the final phase is scheduled for September 2003.

As VA and DOD proceed with implementing the final phase of FHIE and move forward with HealthePeople (Federal), providing consistent project management and oversight will continue to be essential for successful project completion. As such, sustained adherence to the program management structure that VA and DOD have already put in place will be critical. Moreover, these agencies can further strengthen their management and oversight through the use of performance measures to gauge the progress and effectiveness of their efforts.

4. The VA testified that HealtheVet-Vista should be implemented by the end of 2005. In GAO's opinion, is this timetable realistic? Please elaborate.

As noted, beyond FHIE, VA and DOD have envisioned a long-term strategy—HealthePeople (Federal)—involving the two-way exchange of patient health care information. This exchange is expected to depend on the successful interoperability, and resultant sharing of secure health care data, between DOD's Composite Health Care System (CHCS) II and VA's HealtheVet VISTA, both of which continue under development.

At this time, we are unable to determine whether plans for implementing this long-term strategy are realistic. When our review concluded, VA and DOD had just begun this initiative, and program officials stated that they had not completed an implementation plan. Until DOD's CHCS II and VA's HealtheVet VISTA have been fully developed and a plan detailing the work tasks, resources, and completion milestones for HealthePeople (Federal) has been developed and made available for our review, we will not have a basis for assessing VA's potential for implementing this initiative by the end of 2005.

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We requested comments on a draft of this letter from the Department of Veterans Affairs, but none were provided.

We are sending copies of this letter to the Secretary of Veterans Affairs; copies will also be available on our Web site at www.gao.gov. Should you or your office have any questions on matters discussed in the letter, please contact me at (202) 512-6253. I can also be reached by e-mail at willemsenj@gao.gov.

Sincerely yours,

A handwritten signature in black ink that reads "Joel Willemsen". The signature is written in a cursive style with a large, looping initial "J".

Joel C. Willemsen
Managing Director, Information Technology Issues